(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, tion applies to each and every person, irrespective of Foreman, or At Home, and children, For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal minc, etc. (b) Cotton mill; (a) Salesman, (b) without more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation (b) Automobile factory. The material not gainfully em-The ques-Grocery; Wom-

Statement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "PUERPERAL septicaemia," "PUERPERAL peritonitis," tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, "Debility" ("Congenital," causing death), 29 ds.; L. stated unless important (secondary or intercurrent) Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; Whooping unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJURY cough; Chronic Example: Measles (disease chopneumonia (secondary), etc. affection need valvular heart The contributory Always qualify all not be disease; " etc.

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

| PLACE OF DEATH | 09554 STATE OF MARYLAND |
|--|--|
| County Loward | Registration Dist. No. 19 |
| Village or City Elbredge (No. 2 FULL NAME John 60 | Turnace AVS6. Ward) (If death occurred in a hospital or inetitu- ion, give its NAME in- stead of street and aumber.) |
| - # | MEDICAL CERTIFICATE OF DEATH |
| PERSONAL AND STATISTICAL PARTICULARS 3 SEX 1 COLOR OR RACE 5 SINCLE, MARRIED, Married OR DIVORGED (Write the word) 6 DATE OF BIRTH (Month) (Day) (Year) 7 AGE 16 LESS than I dayhrs. 17 AGE 18 5 3 (Month) (Day) (Year) 18 5 3 (Month) (Day) (Year) 19 COCCUPATION (a) Trade, profession or particular kind of work of the color of industry business, or establishment in which employed or (employer) 19 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE (State or country) 12 OF FATHER (State or country) 13 BIRTHPLACE (State or country) 14 BIRTHPLACE (State or country) 15 BIRTHPLACE (State or country) 16 Sagland | MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH Auf 3/ 193/ (Year) 17 I HEREBY CERTIFY, that I attended the deceased from the deceased from 1923, to less 3/ 5, 1923, that I iast saw he alive on 1923, to less 3/ 5, 1923, and that death occurred on the date stated above, at 8/0 m. The CAUSE OF DEATH is was as follows: (Duration) yrs mos 4/ de. (Contributory Recondary Secondary According Management (Duration) yrs mos 4/ de. (Signed) Process (Duration) yrs mos 1/6 de (Signed) According Management (Duration) According Management (Duration) yrs mos 1/6 de State the Disease Causing Death, or, in deaths from |
| (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Address) (Address) Filed 15 Filed 17 18 1923 1924 1925 | Violent Causes, state (1) Means of Injury: and (2) whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents) At place of death yrs |
| more blanks are needed, address State Registrar. | 16 W Saratora St. Balto. Requesting V. S. No. 2 |

(Approved by U. S. Census and American Public Health Association.)

definite salary). may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Sulesman, (b) Crocery; should be used only when needed. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Plunter, age. For many occupations a single word or term on tion applies to each and every person, irrespective of cupation is very important, so that the relative healthbusiness, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, ployed, as At school or At home. Cure should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. cases, especially ln industrial employments, it is neces-Civil engineer, Stationary firemen, etc. But in many fulness of various pursuits can be known. The queswhatever, write None. to report specifically the occupations of persons enwork, or At Home, and children, not gainfully em-(a) Foreman, (b) Automobile factory. tired 6 yrs.). Housemaid, etc. If the occupation has been changed Statement of Occupation-Precise statement of oc-For persons who have no occupation As examples: (a) The material

Stacement of Cause of Death—Name, first, the bis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia."

> symptomatic), "Atrophy," "Collapse," conditions, such as "Asthenia." "Anaemia" ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia use of "Tumor" for malignant neoplasms); Measles; myes, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name orlgiu; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on head of "contributory." quences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse Poisoned by curbolic acid-probably suicide. The na train-accident; Revolver wound of head-homicide; Examples: Accidental dronning; Struck by railreau as probably such, if impossible to determine definitely and qualify as Accidental, Suicidal, or Homicidal, or taken. For VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-"Puerperal scrticucmia." "Puerperal portionitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness." etc., when a definite disease rhage," "Inanition." "Marusmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure," "Haemorvuisions." stated unless important. (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. The contributory Whooping "Debility" ("Congenital," "Senile," etc.), cough; Chronic valvular heart disease; (Recommendations on state-Example: Measles "Соша," "Соп-(second-(merely (disease

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as scrvant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, unining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | | |
|--|---------------|--|---------------|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago | |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago | |
| | | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | | |
| Gallstones · | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | |
| | | | to the | |

FOR BINDING

OCCUPATION

| STATE OF MARTLAND | CERTIFICATE OF DEATH (1955) |
|---|--|
| 1. PLACE OF DEATH | (3) |
| County Howard | Registration Dist. No. 195 |
| Village or City Year Lawrel My. | NDSt., Ward death occurred in a hospital or institution, give its NAME instead of street and number) |
| | ds. How long in U.S. if of foreign birth?yrsmosds. |
| 2. FULL NAME Margaret M. Globbs | |
| (a) Residence: Note That I was (Usual place of abode) | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDDWED, OR DIVORCED (write the word) | 21. DATE OF DEATH S (Month) (Bay) (Year) |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of | 22. HEREBY CERTIFY, That J attended deceased from |
| 6. DATE OF BIRTH (month, day, and year) July 15 Th 1849 | 1 1 1 1 1 1 1 1 1 1 |
| 7. AGE Years Months Days If LESS than | to heve occurred on the date steted above, at . Z |
| 82 16 16 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows: |
| 8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BDDKKEEPER, etc. | cles Bistratiles repliets 1/10/20 |
| work was done, as SILK MILL, housework | Jurility |
| D 1D. Date deceased last worked at this occupation (month end year) | |
| 12. BIRTHPLACE (city or town) Wontgowery Co. | Dither Contributory Carbo of in Cortence: Tulishing Laguiste |
| (State or country) | |
| 13. NAME Stilliam rloyle | |
| 13. NAME Gulliam hloyle 14. BIRTHPLACE (city or town) Montgomery Co (State or country) | Name of operation |
| 15. MAIDEN NAMECULY Thompson | 23. If death wes due to externel causes (VIDL ENCE) fill in elso the following: |
| 15. MAIDEN NAME (W.W. Thompson) 16. BIRTHPLACE (city or town) Montybriery Co. With | Accident, suicide, or homicide? |
| State or country) | Where did injury occur? |
| 17. INFORMANT GOVES C. Hobbs (Address) Laure Wa | (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, DR. REMOVAL | Manner of Injury |
| ST Mason Cs Thy bland Me Date at 1 7, 1991 | Nature of Injury |
| 19 UNDERTAKERS FOUR ROUSEN | 24. Wes disease or injury in any way related to occupation of deceased? 20 |
| 20. FILED 9/2/31., 19 Hawk Flipley, Registrar, | (Signed) B harm M. D. (Address) August M. D. |
| | 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. |

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | And a state of the | Example II | | |
|--|--|--|---------------|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| Arterioselerosis | 1915 | Attack of epilepsy | 1 week ago | |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago | |
| Ccrebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago | |
| HUHSAU V.B. | | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | |

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. /9 classifie (If death occurred in Ward) a hospital or institution, give its NAME is a stend of street and number.) roper PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 4 COLOR OF RAGE 3 SEX 16 DATE OF DEATH MARRIED. ack WIDOWED OR DIVORCES may n bac Write the word) (Month) (Day) no I HEREBY CERTIFY, That I attended the deceased from 6 DATE OF BIRTH no (1) that truction (Day) (Year) [If LESS than and that death occurred on the date stated above. delant I day hrs. The CAUSE OF DEATH * was as follows: terms ds. or min.? OCCUPATION 99 a) Trade, profession or particular kind of work plai (b) General nature of industry Ibusiness, or establishment in which employed or (employer) Contributory 9 BIRTHPLACE imp Secondary (State or country) 4 (Duration) 2 1 00 10 NAME OF (Signed FATHER LL. O (Address) 63 11 BIRTHPLACE OD IN OF FATHER FZ CAUS the Lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. (State or country) 12 MAIDEN NAME 01 13 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans-OF MOTHER 4 State CCU2/ D. ients or Recent Residents) 13 BIRTHPLACE In the At place OF MOTHER of death vis.....mos... (State or Country) 00 Where was disease contracted, should if not at place of dea h?.. Former or usual res.dence ANS AN (Address) Otto If more b.anks are needed, addre. s. tate Registrar, 13 W. Saratoga St. Balto., Lequesting V. S. Ivo. 1.

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The quesshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to e.ch and every person, irrespective cf cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (retired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., Without more process of the laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Never return "Laborer," "For man," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Physician, Compositor, Architect, Locomotive engineer, whatever, write None. or given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. (a) Foreman, For many occupations a single word or term on Stationary fireman, etc. But in many (b) Automobile factory. The material (b) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal menin_itis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> American Medical Association.) inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL perilonitis," elc. "Debility" ("Congenital," "Senile," etc.), "Drcpsy,"
> "E:haustion," "Heart failure," "Inamorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), st_ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mentions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condi-(secondary or intercurrent) affection need Chronic interstitial nephritis, approved by Committee on Nomenclature of the tctanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all Whooping cough; tkecommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, "Atrophy." "Collapse," "Com2," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJU.Y Chronic valvular etc. The contributory heart not be disease;

It this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

FOR BINDING

| 1. | . PLACE OF DEATH | | (95-E) | |
|-----------|---|-----------------------|---|-----------------|
| | County Howard | | Registration Dist. No. / 9 | / |
| 2 | Village Or City Ellewolf (It Length of residence in city or town where death occurred | | No. St., death occurred in a hospital or institution, give its NAME, instead of street and n ds. How long in U.S. if of foreign birth? yrsmos | |
| | (a) Residence: No. Pelikuti (Usual place of ab | City | St., Ward. If nonresident give city or town and | State |
| planting: | PERSONAL AND STATISTICAL PARTICU | | MEDICAL CERTIFICATE OF DEATH | State |
| 3. S | J. 4. COLOR OR RACE 5. SINGLE, MARRIED OR DEPORCED (au | write the word) | 21. DATE OF BEATH (Month) (Day) | 193 7 (Year) |
| 5a. | If married, widowed, or divorced HUSBAND of (or) WIFE of | nlo | 1 HEREBY CERTIFY That I attended of Amusing 1930, to august | leceased fro |
| 6. D | | 1868 If LESS than | to have occurred on the date stated above, a 5 20 P m. | ; death is sa |
| | / 7 | day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: | Date of ons |
| PATION | 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, | me | arebras Hemorrhage | 7.1. |
| กวอด | SAW MILL, BANK, etc | (years) this on | | |
| 12. | BIRTHPLACE (city or town) | | Other Contributory Causes of importance: | 1.1.3 |
| ER | 13. NAME albert Helson | | Jorgsculer drelay | 1 0. |
| ATHER | 14. BIRTHPLACE (city or town) | | Name of operation Date of | |
| ~ | (State or country) Med. | | What test confirmed diagnosis? | topsy?_ |
| HEF | 15. MAIDEN NAME Charlotte Cla | ile | 23. If death was due to external causes (VIOLENCE) fill in also the following: | |
| MOTHER | 16. BIRTHPLACE (city or town) | | Accident, suicida, or homicide? Date of injury | , 19 |
| 17. | INFORMANT Clys Seath (Address) | , ned | Where did injury occur? (Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA |) CE. |
| 18. | OURIAL, CREMATION, OR REMOVAL PHOCE MIT GUILLOW Date aug | 9 ,1931 | Manner of injury | |
| 19. | UNDERTAKER J. C. Jag unborhans (Address) Educati City | not | 24. Was disease or injury In any way related to occupation of deceased? | no |
| | 0 28 | | | A |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "cmployec," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I The principal cause of death and related causes of importance were as follows: | | | Example II | | |
|---|--|------------|--|---------------|--|
| | | | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| Arteriosclerosis | SEP 5 MALL | 1915 | Attack of epilepsy | 1 week ago | |
| Chronic interstitial nephritis | | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage | BUNGEL F | July5,1927 | Peritonitis | 3 days ago | |
| | and the same of th | Towns | | | |
| Other contributory causes | of importance: | | Other contributory causes of importance: | | |
| Gallstones | | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | | |
| | | | | | |

| | - 1 | 1 | | 09559 STATE OF MARYLAND |
|----------------|------------------------|------|---|---|
| YSI | Xac | | PLACE OF DEATH | STATE OF MARYLAND |
| I | | | County SYOWANA | CERTIFICATE OF DEATH |
| > | Fled | | For Some | Registration Dist. No. |
| AC AC | ly classificate. | Vil | 2FULL NAME Quellew J. | St.: Ward) St.: Ward) (If death occurred in a hospital or institution, give its NAME in stend of street and number.) |
| D D | > | | FULL NAME | |
| T F | properl of certif | | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| be si | may be pi n back of | 7/ | MALE White the word | (Month) (Day) (Year) |
| 四 5 | 0 | 6 0 | PATE OF BIRTH Jaw. 4 1883 | 17 I HEREBY CERTIFY, That I attended the deceased from |
| C E | that | | (Month) (Day) (Year) | that I last saw h alive on |
| | struc | 7 A | GE A Vyrs. T mos. 7 V de. or min.? | and that death occurred on the date stated above, at 6,2, m. The CAUSE OF DEATH * was as follows: |
| X | See See | (1 | a) Trade, profession or Blacksmith, | Parkeyona no faryang |
| IG IN | in plai | (l | o) General nature of industry usiness, or establishment in which employed or (employer) | (Duration) Z yrs. Tmos. T.ds. |
| V 0 | EATH in importar | - | (State or country) Mary land | Contributory Secondary (Duration) yre mag. ds |
| N P | OF D | | 10 NAMO F FATHER LECTION Martin | (Signed) M. D. M. D. Cheer Col my |
| | CAUSE TION IS | ENTS | OF FATHER (State or country) | *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| Informat | | PAR | 12 MANDEN NAME OF MOTHER AU 13 BIRTHPLAGE | 1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) |
| PLA of Info | ild st | | OF MOTHER (State or Country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | At place of death yrs |
| SITE tem | should nent of OC | 14 | (Interment) Mrs. anie L. Martin | Former or usual residence |
| WE very | CIANS sho statement | | (Address) Ellisal City My. | St. Mary o Cen aug 29. 193, |
| m I | | 15 | Filedling 19 1923 / Cott Fressell. Registrar | Easton Sous Clical lie |
| 1: | | - | If more branks are needed, address State Registral | 16 W. Saratoga St., Balto., Requesting V. S. No. 1. |

MARGIN RESERVED FOR BINDING

V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesmon. (b) Grocery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it cupation is very important, so that the relative healthtired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationory fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Nervand, Cook, ployed. as At school, or At home. Cure should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., Physician, Housemuid, etc. If the occupation has been changed to report specifically the occupations of persons en-For many occupations a single word or term on Form laborer, Laborerwithout more precise specification as Day Compositor, Architect, -Coal minc, etc. Wom-Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted berm for the same disease. Examples: (erebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia");

obcident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Inanition, "Dehility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondar; Whooping cough; use of "Tumor" for malignant neoplasms); Mcasles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY "PUERPERAL septicuemia," "PUERPERAL peritonitis," etc. can be ascertained "Uraemia," "Weakness," etc., when a definite disease as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railwoy train-American Medical Association.) Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, Never report mere symptoms or terminal condiinterstitial nephritis, (name origin; "Cancer" is less definite; avoid " "Marasmus, " "Old Age, " "Shock, or intercurrent) affection need as the cause. Chronie etc. valvular heart Nomenclature The contributory Always qualify all disease; not be etc., of

If this certificate is looked over thoroughly and al questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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| | 1PLACE OF DEATH County And A | 09560 | STATE OF MARYLAND CERTIFICATE OF DEATH |
|---------|---|--|--|
| | | 82-0 | Registration Dist. No. 194 |
| Vil | lage or City Sung Donnelle (No | | St.: Ward) (If death occurred in a hospit if or institution, give its NAME instead of street and number.) |
| | PERSONAL AND STATISTICAL PARTICULARS | MEDIC | AL CERTIFICATE OF DEATH |
| 7 | Timel White Single, Widows OR DIVORCED (Write the word) | 16 DATE OF DEATH | (Month) (Day) (Year) (Y |
| 7 A | (Month) (Day) (Year) GE If LESS than I day hrs. or min.? | and that death occur The CAUSE OF DEA | 1 -1 |
| P (I | occupation a) Trade, profession or articular kind of work b) General nature of industry usiness, or establishment in which employed or (employer) | | (Duration) yrs. 6 hours ds. |
| 9 8 | 10 NAME OF FATHER Sohn A viller | (Signed) | (Duration) yrs. mos. de. |
| RENTS | OF FATHER (State or country) 12 MAIDEN NAME | *State the D Violent Causes, st Accidental, Suicidal | isease Causing Death, or, in deaths from cate (1) Means of Injury and (2) Whether or Homicidal. |
| PAR | OF MOTHER OF MOTHER OF MOTHER (State or country) OF MOTHER (State or country) | 1B LENGTH OF RE ients or Recent Re At place of deathyrsn | SIDENCE (For Hospitals, Institutions, Trans- sidents) In the Statedsds. |
| 14 | (Informant) Morie Mayor | Where was disease cont if not at place of dear Former or usual residence | h) |
| 15 | Filed aug 23 1931 Do. S. a. Michael | Dallemone 20 UN DERTAKER | Chillen 28 ADDRESS . 193/ |
| | If more branks are needed, address State Registrar | , 16 W. Saratoga St., | Balto., Requesting V. S. No. 1. |

V. S. No. 1

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(Approved by U. S. Cer us and American Public Health American)

gaged in by inc. cupation s simple and the control of additional line is remained to the latest angular should be used only when result is a section of the (a) Formula (b) worked on many formula (c) Never refer to Spinner, he Called cases, entried to industrial and other transfer of the nature of the same of t Statement of January Harris definite and the work, or the finite and the place of the finite p er," etc... whateve ... er given householn on. the first line will be unflamable and Someon Planto state oc minus

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PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

(If death occurred inWard) a hospital or institution, give its NAME in -stead of street and number.)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH That I-attended the deceased and that death occurred on the date stated above, at The CAUSE OF DEATH * was as follows:

Contributory Secondary (Duration)

State the Disease Causing Death, Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place In the

of death yrs.....mos.... State____yrs.__ Where was disease contracted, if not at place of death?.....

Former or sual residence.

If more banks are needed, address tate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

laborer, fulness of various pursuits can be known. The queswhatever, write None. state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., without more precise specification as Day Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Physician, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (re-Housemaid, etc. to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Foreman, For many occupations a single word or term on Q especially in industrial employments, it is necesyrs). Farm laborer, At Home, and children, Compositor, Architect, For persons who have no occupation Stationary fireman, etc. But in many (b) Automobile factory. The material If the occupation has been changed Laborer-Coal mine, etc. Wom-Salesman, Locomotive engineer, not gainfully em-(b) Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. The contributory Whooping use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY by cough; Committee on Nomenclature Chronic valvular heart disease; Measles;

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further carespondence. All the data is essential and must be obtained before the certificate is permanently filed.



V.S. No. 1

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is very important.

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| PLACE | OF | DEATH | 1 | | |

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County.

09562 (183)

STATE OF MARYLAND CERTIFICATE OF DEATH

| | ull name Irving Jenner Smi | St.: Ward) St.: Ward) (If death occurred in a hospital or institution, give its NAME is stead of street and number.) |
|--|---|--|
| PERSO | NAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SEX | 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word) | 16 DATE OF DEATH Sugest 3rd , 1921 |
| 6 DATE OF BI | April 9th, 1868 (Month) (Day) (Year) | 17 I HEREBY CERTIFY, That I attended the deceased from |
| 7 AGE | If LESS than I day hrs. 63 yrs. 25 ds. or min.? | and that death occurred on the date stated above, at |
| (a) Trade, p | rofession or and Bridges | Accidental Drowned |
| which employ BIRTHPLACE (State or co | Dew York | Contributory Secondary (Duration) yrs |
| A . | John Curran LACE HER or country) Ireland | (Signed) Care S. 1981 (Address) Esting Correct M.D. State the Piscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether |
| OF MOT L 13 BIRTHP OF MOT | PLACE | Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds. |
| (Information (Add | is true to the Best of MY KNOWLEDGE t) Irving J. Gurran (Son) dress) 3237 Belmont Ave. Belto. | Julius leg V J. Company |
| Filed av | 192 1924 WT Grissel | 20 UNDERTAKER ADDRESS |

If more banks are needed, addres ttate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken work, household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, etc., report specifically the occupations of persons en-Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emyrs). For persons who have no occupation Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (b) Automobile factory. The material (6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, or as probably such, if impossible to determine definitely. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E-chaustion," "Heart failure," "Ilaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease carbolic acid—probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by atic), American Medical Association.) approved by Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. can be ascertained as the cause. Always qualify all 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJURY cough; Committee on Chronic etc. The contributory valvular heart disease; Nomenclature of the Measles;

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PLACE OF DEATH 09563 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in a hospital or institu-tion, give its NAME it -St.: Ward) stead of street and ²FULL NAME number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE 4 COLOR OR RACE 3 SEX 16 DATE OF DEATH MARRIED WIDOWEDA OR DIVORCED (Write the word) (Month) (Day) (Year) 6 DATE OF BIRTH 1 HEREBY CERTIFY. That I attended the deceased from (Month) (Day) (Year) 7 AGE IIf LESS than and that death occurred on the date stated above, at I day hrs. The CAUSE OF DEATH * was as follows: ds. or min.? 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in (Duration) which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) 10 NAME OF (Signed) FATHER 11 BIRTHPLACE OF FATHER AState the l'iscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. RENT (State or country) 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) 13 BIRTHPLACE In the At place OF MOTHER yrs......ds. (State or Country) Where was disease contracted, if not at place of dea.h? 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Former or usual residence (Informant) BURIAL OR REMOVAL DATE OF BURL 20 UNDERTAKER ADDRESS If more bianks are needed, addre.s Ltate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specification as νay laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enployed, as Al school, or Al home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed For many occupations a yrs). For persons who have no occupation Stationary fireman, etc. But in many single word or term on

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of "Inanition," "Marasmus," "Old Age," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid approved tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death "Atrophy," "Collapse, Never report mere symptoms or terminal condiby Committee on Nomenclature of the 'Congenital," "Senile," etc.), "Dropsy," "Heart failure," "Haemorrhage, Chronic valvular heart disease; Example: Measles (disease " "Coma," "Convulsions, etc. The contributory Measles ;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

| | MARYLAND- | CERTIFICATE OF DEATH 0956 | 54 |
|--|--|---|-----------------|
| 1. PLACE OF DEATH | | (158) | |
| County Nowow | ۷ | Registration Dist. No. 193 | |
| Village of City Segkees | ille | NoSC, | Ward |
| Length of residence in city or town where dea | | f death occurred in a hospital or institution, give its NAME instead of street and no ds. How long In U.S. if of foreign birth? | |
| 1/ | P D HP | now long in 0.3.11 of foleign biltin:yrsmos | us. |
| 2. FULL NAME Wags | a la mon | | |
| (a) Residence: No. //eac | (Usual place of abode) | St., Ward. If nonresident give city or town and S | itale |
| PERSONAL AND STATISTIC | | MEDICAL CERTIFICATE OF DEATH | |
| 3. SEX 4. COLOR OR RACE 5 | . SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH (Month) (Day) | 193 / (Year) |
| 5a. If married, widowed, or divorced HUSBANO of (or) WIFE of | | 22. I HEREBY CERTIFY, That I allended d | GGERNGE ITOM |
| 00 | 121 1931 | , 19, to | ., 19 |
| 5. DATE OF BIRTH (month, day, and year) 7. AGE Years Months | Days If LESS than | to have occurred on the dete stated above at S. P. m. | death is said |
| | 1 2 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of importance | |
| 8. Trade, profession, or particular | ormin. | were as follows: | Date of onset |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. | L | Consimilat Debelety | |
| 9. Industry or business in which work was done, as SILK MILL, | | 7 | |
| SAW MILL, BANK, etc | 11. Total time (years) | | |
| this occupation (month and year) | spent in this | | |
| | | Other Contributory Causes of Importance: | |
| (State or country) | 1. | | |
| 13. NAME Oferales | Thomas | | |
| 13. NAME (Lands) 14. BIRTHPLACE (city or town) | | Name of operation Oete of Oete Oete | |
| (State or country) | ra, | What test confirmed diagnosis? Was there en au | tonsy? |
| 15. MAIOEN NAME Alice | Evans | 23. If deeth was due to external causes (VIOLENCE) filt in also the following: | |
| 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) | 1.4 | Accident, suicide, or homicide? Oate of injury | , 19 |
| E (State or country) | nd. | Where did Injury occur? | |
| 17. INFORMANT Clear. The (Address) | lle ma. | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE | CE. |
| BURIAL, CREMATION, OR REMOVAL | 1 | Manner of injury | |
| fromeggild cere. | Date | Nature of injury | |
| 19. UNDERTAKER MALL TO | on due, | 24. Was disease or injury in any way related to occupation of deceased? | mo |
| (Address) Sykesvik | le rud. | If so, specify | |
| 20. FILED / 14 9 4 1931 711 | so allel Hel | (Signed) Mh Morred | |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | 1 | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| of importance were as follows: Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | ≥ 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| WENC . | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

FOR BINDING

V. S. No. 1

ż

| STATE OF MARYLAND— | CERTIFICATE OF DEATH 09565 |
|---|---|
| 1. PLACE OF DEATH | |
| County I draward. | Registration Dist. No. |
| Village or City Elecatt City. | No. St., Ward |
| | death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? yrs mos ds. |
| 2. FULL NAME Bedry Thomason | |
| (a) Residence: No. | St., Ward. |
| (Usual place of abode) | If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX male 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (grite the word) | 21. DATE OF DEATH (Month) (Day) (Year) |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of | 22. I HEREBY CERTIFY That I attended deceased from |
| 6. DATE OF BIRTH (month, day, and year) Quarist 1, 1931 | last saw h. In alive on Ougust (19.3); death is said |
| 7. AGE Yaars Months Days If LESS than | to have occurred on the date stated above, at 4.4 m. |
| Still Bow 1 day, | The PRINCIPAL CAUSE OF DEATH and related causas of importance were as follows: |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPPER, etc | 7-11 |
| 9. Industry or business in which | tillera |
| work was done, as SILK MILL, SAW MILL, BANK, etc | |
| 10. Oata deceased last worked at this occupation (month and year) spent in this occupation occupation | |
| | Other Cuutributery Causes of Importance: |
| 12. BIRTHPLACE (city or town) Curiott City med. | Spine bilide |
| 13. NAME Carl 7 Thompson | 9 |
| 13. NAME Carl 7 Thompson 14. BIRTHPLACE (city or town) | Name of operation Date of |
| (State of country) Celicary the men | What test confirmed diagnosis? Was there an autopsy? |
| 15. MAIDEN NAME Selican 1 / January 16. BIRTHPLACE (city or town) | 23. If death was due to external causas (VIOLENCE) fill in also tha following: |
| O 16. BIRTHPLACE (city or town) | Accident, suicide, or homicide? Date of Injury, 19 |
| (State or country) Ellicott City, Migh | Whera did injury occur? (Specify city or town, county and State) |
| 17. INFORMANT Carl & Thompson (Address) Ellewith City and. | Specify whether injury occurred in INDÚSTRY, in HOME, or in PÚBLIC PLACE. |
| 18, BURIAL, CREMATION, OR REMOVAL | Manner of injury |
| Place It Johns Cens: Oate aug 1, 1931 | Nature of injury |
| 19. UNDERTAKER I Day intothom of | 24. Was disease or Injury in any way related to occupation of deceased? |
| 20. FILEO aug / 1934 Word Trissell | (Signed) Olphan Serbert M. D. |
| Registrar. | (Address) 7 Mas City Mas |

See buth certificate for change in sex

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| | Example I | | Example II | 100 |
|--|-----------------------------------|---------------|--|---------------|
| The principal cause of of importance were as i | death and related causes follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | SEP 5 1931 | 1915 | Attack of cpilepsy | 1 week ago |
| Chronic interstitial nephri | tie | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | BURBAU V. | S July 5,1927 | Peritonitis | 3 days ago |
| | | | | |
| Other contributory caus | ses of importance: | | Other contributory causes of importance: | |
| Gallstones | • | May 1,1923 | Gastrocnteritis | 1 year |
| | | | | |
| | | | | |

BINDING

RESERVED

MARGIN

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | į | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| Negation 4 | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
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| County Larry Howard | STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. |
|--|--|
| Village or City Jouther (No | St.: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street an number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) | 16 DATE OF DEATH |
| (Month) (Day), 1931 | that I last saw h water Thursday Old 193 1. |
| 7 AGE If LESS than 1 day hrs. or 0 min. | The CAUSE OF DEATH * was as follows: |
| B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer). | (Duration) yrs mos de |
| 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME | (Signed) |
| OF MOTHER WILLIAM West 13 BIRTHPLACE OF MOTHER (State or Country) | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place In the of death yrs death State yrs death d |
| (Informant) (Address) / Jauttur Md | if not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL Lacellese Mid lug/0, 19 |
| Filed 192 | 20 UNDERTAKER ADDRESS |

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion amplies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthgaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; it nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement r," etc., report specifically the occupations of persons en-Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day (b) Automobile factory. The material 6 Grocery;

Str:ement of Cause of Death—Name, first, the DISEAST CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease approved by Committee on Nomenclature diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ezhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptominges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

30 1933

| PLACE OF DEATH | 0950 STATE OF MARYLAND |
|--|---|
| County Trumana | CERTIFICATE OF DEATH |
| 0.0 | Registration Dist. No. 193 |
| Village or City Mental (No. | St.: Ward) (If death occurred in a hospital or institution, give its NAME is stead of street and |
| 2FULL NAME MANAGEMENT OF | stead of street and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the form) | 16 DATE OF DEATH 29, 1923 (Month) (Day) (Year) |
| 6 DATE OF BIRTH | 17 I HEREBY CERTIFY, That I attended the deceased from |
| (Month) (Day) (Year) | that I last saw have alive on and 29, 1923/ |
| 7 AGE [If LESS than | and that death occurred on the date stated above, at 2 m, |
| // 9 5 dayhrs. | The CAUSE OF DEATH * was as follows: |
| yrs. mos. ds. or min.? | - Jasan March Jasafan |
| 8 OCCUPATION (a) Trade, profession or | Grassmue |
| particular kind of work | and budgetten 1. |
| (b) General nature of industry | And in I want to fermine the formation of your hard many formation of the state of the st |
| business, or establishment in which employed or (employer) | (Duration) yrs mos ds. |
| 9 BIRTHPLACE (State or country) | Contributory Secondary |
| Municola | (Duration) vis mosds. |
| 10 NAME OF SATHER SAME | (Signed) M. D. |
| II BIRTHPLACE | My 30 1923 (Address) 1921 |
| Z (State or country) | *State the Piscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| of MOTHER And Charl | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- |
| 13 BIRTHPLACE OF MOTHER | ients or Recent Residents) At place In the of deathyrsmosds. |
| (State or Country) | Where was disease contracted, |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | if not at place of dea.h? |
| (Informant) My My X Jump | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL |
| (Address) | Bush-Park (My 30, 1931 |
| Filed Lug 30 198) M. Massar | 20 UNDERTAKER COVE. Summod |
| If more banks are needed, address State Registrar | , 16 W. Saratoga St., Balto., Requesting V. S. No. 1. |

(Approved by U. S. Census and American Public Health Association.)

age. For many occupations a single word or term on fulness of various pursuits can be known. The questired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewije, Houselaborer, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reployed, as At school, or At home. Care should be taken er," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealor given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Foreman, or At Home, and children, not gainfully em-Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman, (6) For persons who have no occupation Automobile factory. The (b) Grocery; material

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> carbolic acid-probably suicide. The nature of the injury, (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Whooping use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved (secondary or intercurrent) affection need not be Chronic interstitial nephritis, "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS State MEANS OF INJURY by Committee on Nomenclature of the " "Weakness," etc., when a definite disease cough; Chronic valvular heart disease; Example: Measles (disease etc. The contributory Measles;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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| PLACE OF DEATH | AGGGG STATE OF MARYLAND | |
|--|---|--|
| County Amarga | CERTIFICATE OF DEATH | |
| The state of the s | 92-00 | |
| 0 17. | Registration Dist. No. | |
| Village or City Aurocaluck (No. | St.: Ward) (If death occurred in | |
| | tion, give its NAME it | |
| 2FULL NAME Sarah & July | stead of street and number.) | |
| | | |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH | |
| 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MARRIED, | 16 DATE OF DEATH | |
| WIDOWED, OR-DIVORCED | Cluz 25, 1981 | |
| (Write the word) | (Month) (Year) (Year) | |
| 6 DATE OF BIRTH | 17 I HEREBY CERTIFY, That I attended the deceased from | |
| Jan 12 18/18 | dug 10 1931 to and 25, 1931, | |
| (Month) (Day) (Year) | that I last law has alive on aut 24 1931. | |
| 7 AGE (IfLESS than | 115 | |
| I day hrs. | and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows: | |
| 83 yrs. 2 mos. 8 ds. or min. | The excel of Berlin was as longows. | |
| B DOCUPATION | Mark Claler Via H. 7/2 Maren | |
| Trade, profession or particular kind of work | on Januar Man steely | |
| General nature of industry | | |
| Siness, or establishment in | (Duration) Zyrs. / mos ds. | |
| thich employed or (employer) | CARTT N= | |
| 9 BIRTHPLACE (State or country) | Contributory Secondary | |
| may, | (Duration) yrs. mos. ds. | |
| 10 NAME OF | (Signed) Starry & Shiply M. D. | |
| FATHER Tity Smilly | 3:5 | |
| II BIRTHPLACE | Ung LD 1981 (Address) DV Ochslock Ind | |
| Z (State or country) | *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. | |
| OF FATHER (State or country) 12 MAIDEN NAME 2 | Accidental, Suicidal or Homicidal. | |
| of Mother Chancy Carry | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- | |
| 13 BIRTHPLACE | ients or Recent Residents) At place In the | |
| OF MOTHER (State or country) | of death yrs mos, ds. State yrs mos ds. | |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | Where was disease contracted, if not at place of death? | |
| CAD O O | Former or | |
| (Informant) Olly in willbrenny | usual residence | |
| D P 11 9.1 | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL | |
| (Address) / aufaburg my | Springfred Comb auc 2) 1931 | |
| 15 Prop 1 3/ 8/1 + 10/08/4 | 20 UNDERTAJES ADDRESS | |
| Filed MA 192 GAM T GM T Registrar | Jour Bros Lythewills | |
| | | |
| If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1. | | |

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from er," etc., without more process of the laborer, Farm laborer, Laborer—Coal mine, etc. Womwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocworked on may form part of the second statement. (a) Foreman, Civil engineer, or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). (b) Cotton mill; (a) For persons who have no occupation (b) Automobile factory. The material Stationary fireman, etc. But in many Salesman. person, irrespective of Locomotive engineer, (b) Grocery;

Statement of Cause of Death—Name, first, the DISE, EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) approved by (Recommendations on statement of cause of telanus) may be stated under the head of "contributory." or as probably such, if impossible to determine definitely "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, "Debility" ("Congenital," atic), "Atrophy," "Collapse," "Coma, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; L. stated unless important (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., ol unqualified, is indefinite); Tuberculosis of lungs, mencause for which surgical operation was under-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJURY interstitial nephritis, (name origin; "Cancer" is less definite; avoid resulting from childbirth or miscarriage as cough; Committee on Chronic Example: Measles (disease chopneumonia (secondary), etc. valvular heart disease; Nomenclature Always qualify all The " "Convulsions, contributory Measles;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BURE